

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10-17)**

SERIAL **746706**  
ATTACHMENT

EXPIRATION DATE  
**12-22-00**

**CLAIMS**

	AS FILED		AFTER 1st MONTH		AFTER 2nd MONTH	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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	NO.	OFF.	NO.	OFF.	NO.	OFF.
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